

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/631722</div>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	Cancel										
2		Ⓢ									
3		Ⓢ									
4	I										
5		I									
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10		I									
11		I									
12	Cancel										
13		Ⓢ									
14		Ⓢ									
15	I										
16		I									
17		I									
18	I										
19		I									
20		I									
21	Cancel										
22		I									
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TOTAL IND.	6	↓		↓		↓					
TOTAL DEP.	23	←		←		←					
TOTAL CLAIMS	29										
51											
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100											
TOTAL IND.		↓		↓		↓					
TOTAL DEP.		←		←		←					
TOTAL CLAIMS											

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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